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RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

(PR)

SBA

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Erwit Martinez

Plaintiff,

vs.

Nurse Practioner

Ms. Connie Defendant.

(last Name)  
UNKNOWN AT THIS TIME

CASE NO. 07 3974

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

I, E. Martinez, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: N/A Net: \_\_\_\_\_

Employer: N/A \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 January 29th 2007  
 5 Self Employed \$800 - A Month  
 6

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No X  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_ No X  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_ No X  
 14 d. Pensions, annuities, or Yes \_\_\_ No X  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes \_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 N/A  
 22

23 3. Are you married? Yes \_\_\_ No X

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ N/A Net \$ N/A

28 4. a. List amount you contribute to your spouse's support: \$ N/A

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

N/A

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ N/A Amount of Mortgage: \$ N/A

6. Do you own an automobile? Yes ☐ No ☒

Make N/A Year N/A Model N/A

Is it financed? Yes N/A No N/A If so, Total due: \$ N/A

Monthly Payment: \$ N/A

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: N/A

Present balance(s): \$ N/A

Do you own any cash? Yes ☐ No ☒ Amount: \$ N/A

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

N/A

8. What are your monthly expenses?

Rent: \$ 900 Utilities: 100

Food: \$ 200 Clothing: \$50

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are  
2 payable. Do not include account numbers.)

3 N/A

4  
5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes ☐ No ☒

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

9 N/A

10  
11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15  
16 7/27/2007

17 DATE

18  
19 Emanuel Martinez

20 SIGNATURE OF APPLICANT

Case Number: \_\_\_\_\_

DVN 091

CERTIFICATE OF FUNDS  
IN  
PRISONER'S ACCOUNT

6A

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of ERWIT MARTINEZ for the last six months at

[prisoner name]

SCC DEPT OF CORRECTION where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 27.50 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 3.93.

Dated: 7/18/07

[Signature]

[Authorized officer of the institution]